1. A method to perform dual, sequential diagnostic testing of the heart on the same patient, with each half of the dual testing having two parts, the first part being a baseline study and the second part being the use of stress means designed to exercise the heart during the second part of the initial half of the dual test, and immediately after its completion, de novo d-ribose is administered for one hour or longer, whereupon, the same two-part test is repeated as the second half of the dual test.

2. The method of claim 1 in which from 12 to 60 grams or more of de novo d-ribose is administered by mouth following completion of the initial half.

3. The method of claim 1 in which stress can be elicited by physical exercise to induce the heart to contract more rapidly.

4. The method of claim 1 in which stress by chemical inotropic means can be used to induce the heart to contract more rapidly.

5. The method according to claim 4 in which dobutamine is the chemical agent.

6. The method of claim 1 in which more than 60 grams of d-ribose are administered during and after the test.

7. The method of claim 1 in which the various stress scanning tests of the heart include but are not limited to electrocardiographs, echocardiographs, thallium scintigraphy, PET (positron emission tomography) scanners, CT (computerized tomography) scanners and MRI (magnetic resonance imaging) scanners and electron beam imaging scanners.

8. The method of claim 7 in which electrocardiograph and sphygmotonograph electrodes are attached to the patient and used for monitoring purposes.

9. The method of claim 1 in which intravenous infusion of d-ribose is used for at least one half hour.

10. The method of claim 1 in which the heart function having been improved diagnostically by de novo d-ribose, said d-ribose is continued therapeutically afterwards.

11. The method in which the minimum practical levels of de novo d-ribose dosage is

determined by serial imaging studies, each following the other by more than 24 hours, showing the degree of myocardial contractility for a given dosage of d-ribose, for which any non-invasive, immediately sequential imaging procedure for the heart can be used.

12. The method of claim 7 in which the determination of the heart rate and blood pressure is done manually.

13. The method of claim 7 in which the Philips Medical Systems' electrocardiographs are used for the testing.

14. The method of claim 7 in which Holter monitor means are used as conventionally used on only one person for 24 to 48 hours.

15. The method of claim 13 in which the Holter monitor is one of the Zymed 1810 family of recorders using Windows.

16. The method of claim 13 in which said scanning is done at fitness and health clubs.

17. The method of claim 1 in which when said baseline scanning is reported as normal, the baseline is repeated serially until an abnormality occurs and then the d-ribose protocol followed.

18. The method of claim 14 in which when the Holter monitor is not used as conventionally used, the software is written for intentional sequential interrupting of the scanning so that multiple individuals can be scanned on one unit for recording, retrieval and storage over an elapsed time period that could last up to 48 hours of total although continually interrupted use.

19. The method according to claim 1 in which the ribose part of the test is done first and the baseline afterwards.